

**Editions Prior to 7/91 Are Not Usable After 6/30/93**  
**NSN 7540-01-333-6238**

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Hixson, Tiffany T</b>						2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>03/21/2018</b>													
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>																	
5-A. Code <b>930</b>		5-B. Nature of Action <b>Detail NTE 17-JUL-2018</b>				6-A. Code		6-B. Nature of Action															
5-C. Code <b>(b) (6)</b>		5-D. Legal Authority				6-C. Code		6-D. Legal Authority															
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number <b>Regional Commissioner for FAS XAES695 - 5</b>						15. TO: Position Title and Number <b>Regional Commissioner for FAS XAES695 - 5</b>																	
8. Pay Plan <b>ES</b>		9. Occ. Code <b>0340</b>		10. Grade or Level <b>00</b>		11. Step or Rate <b>00</b>		12. Total Salary <b>\$181,090.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>ES</b>		17. Occ. Code <b>0340</b>		18. Grade or Level <b>00</b>		19. Step or Rate <b>00</b>		20. Total Salary/Award <b>\$181,090.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>\$181,090.00</b>		12B. Locality Adj.		12C. Adj. Basic Pay <b>\$181,090.00</b>		12D. Other Pay		20A. Basic Pay <b>\$181,090.00</b>		20B. Locality Adj.		20C. Adj. Basic Pay <b>\$181,090.00</b>		20D. Other Pay									
14. Name and Location of Position's Organization <b>FAS/Ofc of the Regional Commissioner</b>						22. Name and Location of Position's Organization <b>FAS/Ofc of the Regional Commissioner</b>																	
<b>EMPLOYEE DATA</b> <b>(b) (6)</b>																							
38. Duty Station Code <b>530100033</b>						39. Duty Station (City – County – State or Overseas Location) <b>AUBURN / KING / WASHINGTON</b>																	
40. Agency Data <b>10Q</b>		41. <b>01500</b>		42. <b>ESSL</b>		43.		44. <b>(b) (6)</b>															
<b>(b) (6)</b>																							
46. Employing Department or Agency <b>General Services Administration</b>						50. Signature/Authentication and Title of Approving Official <b>Electronically Signed by: Josette I. Colyne Supervisory Human Resources Specialist</b>																	
47. Agency Code <b>GS30</b>		48. Personnel Office ID <b>1799</b>		49. Approval Date <b>03/21/2018</b>																			

**REQUEST FOR PERSONNEL ACTION****PART A - Requesting Office** (Also complete Part B, Items 1,7-22,32,33,36 and 39)

1. Actions Requested	2. Request Number
3. For Additional Information Call (Name and Telephone Number)	4. Proposed Eff. Date 04/22/2018
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized By (Typed Name, Title, Signature, and Date)

**PART B - For Preparation of SF 50** (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Hixson, Tiffany T	2. Social Security Number (b) (6)	3. Date of Birth	4. Effective Date 04/22/2018
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**FIRST ACTION****SECOND ACTION**

5-A. Code 932	5-B. Nature of Action TERMINATION OF DETAIL	6-A. Code	6-B. Nature of Action
5-C. Code (b) (6)	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  REGIONAL ADMINSTRATOR	15. TO: Position Title and Number  REGIONAL COMMISSIONER FOR FAS
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8. Pay Plan ES	9. Occ. CD 0340	10. Grd./Lvl 00	11. Step/Rate 00	12. Tot. Salary \$181,090.00	13. Pay Basis PA	16. Pay Plan ES	17. Occ. CD 0340	18. Grd./Lvl 00	19. Step/Rate 00	20. Tot. Salary/Award \$181,090.00	21. Pay Basis PA
12A. Basic Pay \$181,090.00	12B. Locality Adj. \$0	12C. Adj. Basic Pay \$181,090.00	12D. Other Pay \$0	20A. Basic Pay \$181,090.00	20B. Locality Adj. \$0	20C. Adj. Basic Pay \$181,090.00	20D. Other Pay \$0				

14. Name and Location of Position's Organization OFFICE OF THE REGIONAL ADMINISTRATOR	22. Name and Location of Position's Organization FEDERAL ACQUISITION SERVICE OFFICE OF THE ADMINISTRATOR OFFICE OF THE COMMISSIONER (b) (6)
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**EMPLOYEE DATA**

23. Veterans Preference (b) (6)	24. Tenure	25. Agency Use	26. Veterans Preference for RIF
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38. Duty Station Code 53-0100-033				39. Duty Station (City-County-State or Overseas Location) AUBURN KING WA			
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40. Agency Data 10Q	41.	42. 0000	43. 25.11	44.		
45. Edu. Lvl (b) (6)	46. Yr. Depr. Att'd	47. Acad. Discipl. POLITICAL SCIENCE -	48. Func. Class 00	49. Citizenship (b) (6)	50. Veterans Status	51. Supervisory Status

**PART C - Reviews and Approvals** (Not to be used by requesting office.)

1. Office/Function A. CPX	Initials/Signature (b) (6)	Date 03/28/2019	1. Office/Function D.	Initials/Signature	Date
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and the proposed action is in compliance with statutory and regulatory requirements.	Signature (b) (6)	Approval Date 3/28/19
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Name: Hixson, Tiffany T

PAR Number: X-3170A

**PART D - Remarks by Requesting Office**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?

If ""YES"", please state these facts on a separate sheet and attach to SF52).

☐ YES ☐ NO

(b) (6)

**PART E - Employee Resignation/Retirement**

**Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits.

Please be specific and avoid generalizations.

Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

**PART F - Remarks for SF 50**

# REQUEST FOR PERSONNEL ACTION

## PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Action Requested Detail NTE 120 days & may extend as needed <b>NTE 9/20/18</b>	2. Request Number <b>X-3189</b>
3. For Additional Information Call (Name and Telephone Number) Karla Hester, (202) 236-6515	4. Proposed Effective Date 5/24/2018
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) Emily W. Murphy (b) (6) Administrator

## PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Rotondo, Glenn C.	2. Social Security Number	3. Date of Birth	4. Effective Date 05/24/2018
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### FIRST ACTION

5-A. Code <b>930</b>	5-B. Nature of Action <b>Detail NTE 9/20/2018</b>
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

### SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  
Regional Commissioner for PBS

15. TO: Position Title and Number  
Regional Administrator

(X1ES100)

8. Pay Plan ES	9. Org. Code 0340	10. Grade or Level 00	11. Step or Rate 00	12. Total Salary \$160,790	13. Pay Basis PA	16. Pay Plan ES	17. Org. Code 0340	18. Grade or Level 00	19. Step or Rate 00	20. Total Salary/Award \$160,790	21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization  
PBS/Office of the Regional Commissioner

22. Name and Location of Position's Organization  
Office of the Regional Administrator (1A)

Boston, MA

Boston, MA

### EMPLOYEE DATA

23. Veterans Preference 1 - None 2 - 5-Point 3 - 10-Point Disability 4 - 10-Point Compensable 5 - 10-Point Other 6 - 10-Point Compensable 30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Pref for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period

### POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location) Boston, MA		
40. Agency Data	41.	42.	43.
44.	45. Education Level	46. Year Degree Attained	47. Academic Discipline
48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

## PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature (b) (6)

Approval Date  
5/24/18

CONTINUED ON REVERSE

OVER

**PART D - Remarks by Requesting Office**

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?)

☐ YES ☐ NO

If "YES", please state these facts on a separate sheet and attach to SF 52.)

Will continue to serve in permanent position of record while detailed to this position.

**PART E - Employee Resignation/Retirement****Privacy Act Statement**

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regula-

tions with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal Service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations.

Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	3. Date Signed	4. Forwarding Address (Number, Street, City, State, ZIP Code)
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**PART F - Remarks for SF 50**

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